WATER & SEWER COMMISSION #4

# P O BOX 216

# CHARENTON, LOUISIANA 70523

**Ph# 337-923-7512 Fax# 337-923-7016**

**SERVICE APPLICATION**

**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT #** | **READ SEQUENCE** | **DEPOSIT AMOUNT** | **RECEIPT NUMBER** |
|  |  |  |  |

**Please provide the following documentation:**

* **Copy of valid Driver’s License of State Issued ID**
* **Proof of property ownership or lease agreement**
* **Deposit receipt from Cleco (name on water bill must be same as on electric bill)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **SSN#** |  | | **DOB:** | | |  | | | | | |
| **Name:** |  | | | **Marital**  **Status** | | | **Married \_\_\_\_\_\_ Single \_\_\_\_\_\_\_**  **Divorced \_\_\_\_\_\_ Widowed** \_\_\_\_\_\_\_ | | | | |
| **Mailing address:**  **Apartment No:** |  | | | **Gender:** | | | **M \_\_**  **F \_\_** | **Ethnicity:** | | **Hispanic \_\_\_\_\_\_**  **Non-Hispanic \_\_\_\_\_** |
|  | | |
| **City:**  **State, Zip Code:** |  | | | **Race** | | | **American Indian/Alaska Native \_\_\_\_\_\_\_\_ Asian \_\_\_\_\_**  **Black/African-American \_\_\_\_ White \_\_\_\_\_\_\_\_**  **Native Hawaiian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_\_\_** | | | | | |
|  | | |
| **Service Address:** |  | | |  | |  | | | | | | |
| **Main Phone No:** |  | | **Alternate Phone No:** | | | | | |  | | | |
| **Employer:** |  | | **Employer Phone No:** | | | | | |  | | | |
| **Spouse’s Name:** |  | | | | **Spouse’s DOB:** | | | |  | | | |

**PLEASE NOTE:**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

***I acknowledge that I have read the above information and that it is true and correct to the best of my knowledge. I also agree to be responsible for any fees associated with this service including penalties and reconnection charges if service is disconnected for nonpayment.***

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

